

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038399

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2935

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Valley Park</u>		c. CITY OR TOWN <u>Brentwood</u>	
Length of stay in 1b <u>9 days</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Valley Park Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>8710 Rosalie Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>LAWRENCE</u> Middle <u>V.</u> Last <u>MOSLEY</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>20</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>6/22/09</u>
9. AGE (last birthday) <u>54</u>		10. IF UNDER 1 YEAR Months <u>54</u> Days <u>54</u> Hours <u>54</u> Min. <u>54</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self employed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Road Construction</u>	
11. BIRTHPLACE (City and state or country) <u>Creve Coeur, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George H. Mosley</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian McGrath</u>	
14. NAME OF HUSBAND OR WIFE <u>Divorced</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. INFORMANT <u>Lawrence J. Mosley, 230 Vest Ave.</u>		17. ADDRESS <u>Valley Park, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Arrest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <u>Cerebral metastasis</u> DUE TO (b) <u>Carcinoma of the lung</u> DUE TO (c) <u>malnutrition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u> <u>1 week</u> <u>18 mo.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>malnutrition</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:00</u> a.m. <u>6:00</u> p.m. <u>6:00</u> Month, Day, Year <u>9-13-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 10 1962</u> to <u>Sept. 20 1963</u> and last saw <u>her</u> alive on <u>9-13-63</u> Death occurred at <u>6:00</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W.B. Hedney M.D.</u>		22b. ADDRESS <u>806 Monroe St. Rd. Valley Park Mo</u>	
22c. DATE SIGNED <u>9-20-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>9/23/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Monica Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Bopp Chapel, Kirkwood, Mo.</u>	
25. DATE/RECD. BY LOCAL REG. <u>9/21/63</u>		26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	

Dr. Hedney

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Fernando Wyland Jr*

Licensed Embalmer No.

4512

P. O. Address

*Richwood, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.